DA 281-2 Rev. 4-13

Position Description

Read each heading carefully before proceeding. Mar Send the original to the Office of Personnel Services CHECK ONE: NEW POSITION		-	e. Be certain the form is signed.	Agency Number
Part 1 - Items 1 through 12 to be completed by de	epartment head o	or personnel office.		
Agency Name Dept. for Children and Families	9. Position No. K0133638	10. Budget Program	Number	
2. Employee Name (leave blank if position vacant)		11. Present Class Titl Adminstrative Assista	le (if existing position) ant	
3. Division Wichita Area DCF		12. Proposed Class T	Title	
4. Section Administrative Services	For	13. Allocation		
5. Unit Call Center	Use	14. Effective Date		Position Number
6. Location (address where employee works)	Ву	15. By	Approved	
City Wichita County Sedgwick				
7. (circle appropriate time) Full time Perm. Inter.	Personnel	16. Audit	D	
Full time Perm. Inter. Part time Temp. %		Date:	By: By:	
8. Regular hours of work: (circle appropriate time)	Office	17. Audit	Dy.	
o. Regular nours of work. (effere appropriate time)	Office	Date:	By:	
FROM: 8 AM To: 5 PM		Date:	By:	
PART II - To be completed by department head,	personnel office	or supervisor of the p	osition.	
18. If this is a request to reallocate a position, briefly other factors which changed the duties and respo			nt of work, new function added by	y law or
The purpose of this position is to provide clients, cor answering questions, routing telephone calls to the co- client's case, agency and community resources and is	orrect information	nal resource. Demonstr	ates knowledge of information re	
			¥2000000 co#0	
Joleen Webb 19. Who is the supervisor of this position? (person w	Program Consulta		K0000206873)2
Name	Title	gives directions, answe	Position Num	
Who evaluates the work of an incumbent in this po			Dogition N	han
Name	Title		Position Num	DCI
Joleen Webb P		K0000206873		
20. a) How much latitude is allowed employee in congiven to the employee in this position to help of				are

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

What is the action being done (use an action verb); to whom or what is the action directed (object of action); why is the action being done (be brief); how is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	
1. 50%	Е	Answer and access phone calls, complaints and issues coming into the Wichita Region. These come in from our clients, general public, call center, management and community partners. Demonstrates knowledge of information regarding resources and is respectful to the client and to their right to confidentiality.
2. 35%	Е	Retrieves information from many different computer systems according to policy and procedures to answer questions pertaining to the above under the direction of the supervisor and Assistant Regional Director. Complies with all HIPPA regulations.
3. 15%	Е	Attends group training and conferences in order to acquire knowledge of agency policies and procedures. Back up other administrative assistants as needed. Complete other duties and projects as assigned to meet agency needs.
		Works in a harmonious and cooperative fashion with other staff to provide efficient and effective customer services. Uses free time as available to assist other staff in completion of work assignments, perform other tasks as assigned by Supervisor. Contributes to a positive work environment through a positive, helpful and courteous demeanor towards staff, customers and the general public. Adheres to appropriate standards of conduct regarding the use of leave, dress code and working hours.

22.	a. I	f work involves leadersh	ip, supervisory, or	r management res	ponsibilities,	check the st	tatement which	h best des	cribes the posit	tion:
	() Lead worker assigns,	trains, schedules,	oversees, or revi	ews work of o	others.				
	() Plans staffs evaluate	es, and directs wo	rk of employees o	of a work unit.					

() Delegates authority to carry out work of a unit to subordinate supervisors or managers.

b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Name Title Position Number

23.	Which statemen	t best d	escribes t	he result	ts of	error in	n action	or	decision	of this	employee	:?
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(x) Minimal property damage, minor injury, minor disruption of the flow of work.

) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.

() Major program failure, major property loss, or serious injury or incapacitation.

() Loss of life, disruption of operations of a major agency.

Please give examples.

24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?
The call center agents are consistently on the phone with the public and other employees. The majority of their day is spent taking calls for all departments of the agency.
25. What hazards, risks or discomforts exist on the job or in the work environment?
This position may encounter hostile, angry or upset people when disseminating or receiving information on the phone. Long periods of time are spent on a computer.
26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:
25. 215t indefines of equipment used regularly in the work of this position indicate the frequency with which they are used.
Computer, telephone and copy machines are used daily.
PART III - To be completed by the department head or personnel office
27. List the <u>minimum</u> amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.
Education - General
Education or Training - special or professional-
Minimum qualifications as stated in the State of Kansas Class Specifications

Licenses, certificates and regi	strations-none			
Special knowledge, skills and	abilities			
Experience - length in years a	ınd kind –			
a necessary special requirem	ations for this position nent, a bona fide occup	ational quali	ssary either as a physical requirement fication (BFOQ) or other requirement A special requirement must be listed by Signature of Personnel Official	t that does not contradict the
		Annr	oved:	
		PP1	· · · · · · · · · · · · · · · · · · ·	
Signature of Supervisor	Date		Signature of Agency Head or	Date
			Appointing Authority	